

"Attempts to reduce the protruded intestine were at once made, which after being kept up for a long time, and pressure exercised in a continued manner for more than a quarter of an hour, were successful. *All of the ascending colon, the inferior extremity of the ileum, and the part of the cæcum which had escaped the gangrene, were by this means reduced.* After reduction it was ascertained that the opening in the abdominal parietes was nearly circular and sixteen lines in diameter. Compresses of a pyramidal shape, and a *spica* bandage, were applied to prevent a new protrusion."

"By these means the patient was much relieved, the fæces ceasing to pass by the anormal opening, and the intestine being retained by the pressure of the bandage. A truss with a strong spring and a large pad was afterwards applied, in order to produce a more energetic action upon the parts, and the opening was soon observed to contract. Nevertheless, by the month of May it was still as large as a dollar, and as it did not appear susceptible of greater contraction, on account of the loss of substance that had occurred in the abdominal parietes, an operation was thought of for the purpose of closing it. Previous to the performance of this, it was ascertained that the parietes of the cæcum which remained was either wholly deprived of an intermediate ridge, (*éperon*) or had one very slightly projecting, so that *enterotomy* was not applicable to this particular case. The edges of the wound were then pared off, and were united by means of the *quilled suture*, after having taken the precaution to place below them a piece of *fish's air bladder*, in order to hinder the fæces from irritating and preventing the union of the parts."

"This first operation, and a second of the same kind, were unsuccessful, and after a few days the patient was precisely in the same state as previous to their performance. Having thus found that something more than the simple paring off of the edges of the wound and the suture were necessary, autoplasty was resorted to, and applied in the following manner. A quadrilateral flap formed of the skin, and a thick layer of sub-cutaneous cellular tissue was cut below the opening in the groin: three different incisions served to circumscribe it, one of them being a tangent. From the inferior edge of the opening the two others descended perpendicularly to the extremities of the first; the flap was dissected up for the space of near two inches, and left adherent to the inguino-crural region by one of its edges. This first part of the operation accomplished, the skin covering the *superior internal and external edges* of the opening was removed for the space of about three lines, and the flap was then pushed up and its edges put in apposition with the before mentioned parts, placing thus the points of suture beyond the circle of the artificial anus, and covering this latter with the bleeding face of the flap. A piece of linen smeared with cerate, a layer of charpie, compresses, and a truss with a weak spring completed the dressings made use of after the operation. On the fourth day the flap was united with the edges, and with the anterior part of the opening within and without, but the union was not perfect superiorly; nevertheless, it was evident that if the success was not yet complete it would soon be obtained, for the flap kept from this period its position before the anormal opening, so that this latter was reduced to the condition of a narrow cleft, of which the edges could not fail to unite with a facility."

At the end of fifteen days the superior edge of the flap and the corresponding part of the opening were pared off and brought together by means of the twisted suture: this time the union was almost perfect, two little holes only remaining, which completely cicatrised after several cauterisations with the nit. argent. At this time (July) the patient has his artificial anus entirely closed by the flap taken from the groin. Upon pressing upon it the considerable loss of substance that has occurred in the parietes of the abdomen is plainly felt. The parietes are more feeble at this point than elsewhere, and it will be necessary always to give support to it by means of a truss.—*Gazette Médicale*, July 28, 1838.

38. *Arab Fracture Apparatus*.—At the sitting of the Academy of Medicine of Paris, held January 13, 1838, M. SEDILLOR presented a fracture apparatus which he brought from Constantine, and which he had taken from a Turkish woman,

whose arm had been fractured by the bursting of a bomb-shell. This apparatus was composed of thirteen "*nervures*" of palm, each one inch wide, two to three lines in thickness, and nine inches long, convex on one surface, plane on the other, and arranged along and secured to a portion of prepared sheepskin; a space of three or four lines being maintained between them. This apparatus was supported upon the members by means of cords of wool loosely applied, but susceptible of constriction by twisting pieces of wood under them until the necessary force is given: in fact, a species of tourniquet. So arranged, this apparatus is perfectly applicable to simple fractures; but, in the case of the poor woman referred to, it was compound, and required dressing: to accomplish this without removing the apparatus, a portion of two of the splints, with the skin which covered them, was removed. Many modifications of this apparatus appear to be in use among the different tribes, and they are all ingenious. Certainly the contrivance which they employ to give to the apparatus the necessary constriction is worthy of remark; for it does not expose the member to any shock, and completely answers the end.—*Brit. & For. Med. Rev.* October, 1838.

39. *Immovable Apparatus for the treatment of Fractures.*—In the No. of the *British and Foreign Medical Review* for October last, there is an excellent account of the Immovable Apparatus for the treatment of Fractures, and a full and able exposition of its supposed advantages. Although we are not prepared to admit, to its full extent, the writer's estimate of the value of this method of treatment, we do not doubt its utility in certain cases, and therefore subjoin copious extracts from his paper. "In 1834, M. SEUTIN, chief surgeon of the Hospital Saint Pierre at Brussels, finding several inconveniences attendant upon the use of the immovable apparatus for fractures, of Dieffenbach and Larrey, he was induced to seek some means by which the principle of those apparatuses might be carried out in a manner more free from objection; and such means was presented to him in starch. By means of this article an apparatus was easily procured, and not costly; it acquires considerable solidity, and a tenacity which enables it to resist perfectly external shocks; and, when its removal becomes necessary, it is easily accomplished without the destruction of any portion of the apparatus. From that time he has treated all cases of fracture, not only in the hospital, but in his private practice, by this method, with the most complete success.

"The mode of application of this apparatus is as follows: immediately after the reduction of the fracture, the limb is surrounded by compresses dipped in Goulard water; a common bandage is carefully applied over these, from the root of the toes to the knee, (supposing the leg to be the seat of fracture:) this bandage is then, by means of a brush, covered over with thick starch; then another bandage is applied, beginning at the knee and descending towards the foot: this is covered like the first, to which it adheres, except on either side of the tendo Achillis, where a little padding is applied. Four pieces of thick paste-board are moistened and moulded upon the leg, before, behind, and on either side of the fractured point: these are secured by two other bandages, one passing from the heel to the knee, the other from the knee to the heel, and covered by starch as before. From two to four days occur before the apparatus is perfectly dry; and from this moment the patient may get upon crutches, a support being given to the affected foot by a stirrup around the neck.

"On the 25th of September, 1837, M. Velpeau presented to the Academy of Sciences a memoir in which is discussed the two prevailing systems of treatment. He maintains that, whatever may be the nature of the fracture, whether accompanied by tumefaction or wounds of the integuments, reduction should be immediately proceeded with: this being accomplished, the part is to be surrounded by compresses, and a bandage moderately firmly applied, extending upwards from the points of the fingers or toes to the superior extremity of the fractured limb: the bandage is then to be brushed over with starch, and so on. The compression, being equal and moderate throughout, sustains the tissues, without occasioning the slightest uneasiness; the patient may turn, move, and act in bed as if there were only simple contusion of the leg. He is no longer condemned to